

**NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGIC AMBITION 1: A GOOD START IN LIFE: BRIEFING PAPER****Health Wellbeing Strategy context**

1. The Health and Wellbeing Board endorsed the second Nottinghamshire Health and Wellbeing Strategy on the 6th December. The Strategy identifies four Strategic Ambitions, the first of which is to give everyone a good start in life.
2. This briefing paper is to inform the Good Start Workshop on 3<sup>rd</sup> October 2018. The scope of the workshop will include:
  - a. Potential Board priorities for focus:
    - Child poverty
    - Keeping children and young people safe
    - Making sure that children and young people are happy and healthy
    - School readiness
  - b. The role and responsibilities of the Children and Families Alliance and Health and Wellbeing Board.
  - c. How do we work together to deliver the Joint Health & Wellbeing Strategy?

**Why is a Good Start important?**

3. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens in the early years of a child's life, starting in the womb, has a profound impact on a child's future development and adulthood, with life-long effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status<sup>1</sup>
4. The first 1001 days<sup>2</sup>, from conception to age 2 are widely recognised as a vital time in the life of a child. Pregnancy is a critical period when a mother's physical and mental health can have a lifelong impact on the child. Maternal stress, diet and alcohol or drug misuse can place a child's development at risk, while a happy, healthy and safe pregnancy will contribute towards the new baby having the best start in life.

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<sup>1</sup> Waldfogel J (2004) Social mobility, life chances, and the early years, CASE Paper 88, London: London School of Economics.

<sup>2</sup> 1001 Critical Days: The Importance of the Conception to Age Two Period. The Wave Trust

5. Positive early experiences, which support a child's physical, social and cognitive development, strongly influence how ready a child is to learn, to start school and in turn, how well they do at school. This will affect their life chances and their well-being in adulthood<sup>3</sup>.
6. The Early Childhood Joint Strategic Needs Assessment (JSNA) chapter (2017) recognises that if we get the early years right, we pave the way for a lifetime of achievement. The availability of early intervention and prevention services to support families to provide a good start are vitally important to our communities. The Healthy Families Programme and Children's Centre Services aim to provide this support. The JSNA chapter recommends that every child, young person and family in Nottinghamshire continues to have access to high quality early help and prevention services via the Healthy Families Programme (HFP). Strong relationships between the HFP and key partners such as children's social care, primary care, and Children's Centre Services can maximise the impact the programme can have on improving outcomes for children, young people and families.
7. Getting it right in the early years applies equally to pregnancy and the first two years of a child's life (1001 days). A refreshed JSNA chapter, focussing on 1001 days is planned for 2018, which will aim provide evidence to maximise the opportunities that robust partnerships can make in meeting the needs of children and families.

### **Working to improve children's life chances**

8. Growing up in poverty can affect every area of a child's development and future life chances. It is known that the most disadvantaged children are less likely to achieve their academic potential, secure employment and gain a sense of future financial security. Families living in low income families are more likely to suffer from poor health, live in poor quality housing and unsafe environments and are therefore more likely to need support from services.
9. In 2015, 14.7% of children were identified as living in low income families in Nottinghamshire, compared to 16.6% across England. When comparing 2015 data with statistical neighbours Nottinghamshire has the third highest levels of children living in low income families, with Staffordshire having the lowest levels, and Kent and Lancashire seeing higher proportions of children in this cohort. Locally, Ashfield and Mansfield districts continue to have the highest levels of children under the age of 20 years living in low income families.
10. Children who grow up in low income households lack many of the experiences and opportunities that others take for granted, and can be exposed to severe hardship and social exclusion. Our ambition is for Nottinghamshire to be a place where children grow up free from deprivation and disadvantage, and birth and social background do not hold people back from achieving their potential; ensuring services work holistically through a whole family approach.
11. The Nottinghamshire child poverty JSNA chapter, refreshed in 2016, identifies many areas where the partners can use their local knowledge and influence to improve life chances for children. The [Nottinghamshire Child Poverty Strategy](#) lists key priorities which include actively targeting localities with higher proportions of children living in low income households; with a countywide focus on increasing educational attainment, employment and

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<sup>3</sup> PHE (2015) Health Matters: giving every child the best start in life

skills amongst children, young people and parents; reducing dependency on welfare benefits and ensuring that work pays.

12. The Nottinghamshire Early Years Improvement Plan 2017-2019 aims to improve the life chances of the most vulnerable young children by ensuring they achieve a good level of development and the attainment gap between children eligible for free school meals and their peers is closed. This plan is also linked into the Nottinghamshire Closing the Gap Strategy.

### **Keeping children and young people safe**

13. All children and young people need to be safe and feel safe so that they can achieve their full potential. Some live in circumstances that can make them particularly likely to be unsafe and younger children are likely to be especially vulnerable.
14. Children and young people are facing a broad range of 'emerging threats' to their safety. The Nottinghamshire Health and Wellbeing Board (HWB) has a pivotal role in ensuring that all partner organisations are aware that they have a responsibility to safeguard children. The threats are many, and include the risks children and young people face from child sexual exploitation (CSE), radicalisation, avoidable injury, domestic violence, and internet safety concerns. Evidence shows that abuse and exploitation of children and young people is increasing, particularly through the use of the internet and social media.
15. In 2017/18, 525 individual children were identified by Children's Social Care, through contacts to the Multi Agency Safeguarding Hub (MASH), Child and Family Assessments, missing episodes, Looked After reviews and Child Protection Conferences, as potentially being at risk of CSE. The HWB previously identified CSE as a strategic action 2015/16 and 2016/17 and agreed to promote awareness training to all frontline staff and whilst the 2017/18 figures are a significant increase on 2016/17 and of concern, it is thought to reflect the increased level of professional awareness of CSE as a potential risk to children.
16. Looked after children and care leavers are a particularly vulnerable group who are at risk of experiencing poorer outcomes as adults. *A Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire 2018-2021* supports our ambition to keep vulnerable children safe and to provide them with the best start in life. Through a collaborative approach with key partners, which include health, education, police, housing, district councils, Adult Social Care and Children's Social Care, we can drive the fulfilment of the strategy ambitions and inspire a collective commitment to give every looked after child strong foundations and support to thrive in adulthood.

### **Making sure that children and young people are happy and healthy**

17. Investing in children's health is an investment in the future. Children and young people who are healthy are able to enjoy life and achieve their full potential. They are more likely to go on to become healthy adults and become parents who in turn promote better health in future generations.
18. Giving children a good start in life begins during pregnancy. For example, children with a low birth weight experience a greater risk of developing learning and behavioral difficulties, lower educational attainment and lower socio-economic status as adults. The risk of having

a baby with low birth weight is more common for mothers living in poverty, those who smoke in pregnancy, have poor mental health, poor nutrition, are younger and do not access services early.

19. Whilst 2018 Child & Maternal Public Health Profiles suggest that outcomes for Nottinghamshire children are similar to those in England as a whole, within the County, there are areas of concern that require additional attention.
20. Smoking at time of delivery is of particular concern locally, with 14.8% of pregnant women smoking, compared with 10.7% in England and 13.3% within the East Midlands. *The Local Maternity Transformation Plan*, which will facilitate the development of an improved Local Maternity System (LMS) will aim to address this. However, a robust multi-agency approach which includes making every contact count (MECC), supported by key partners could assist in giving children the best start at the very beginning of their lives.
21. In 2015, the HWB and all partners agreed to promote the development of breastfeeding friendly (BFF) places across Nottinghamshire. This initiative has been very successful to date with 160 BFF friendly venues accredited across the County. We know that breastfeeding improves health outcomes for both mothers and children and makes a significant contribution to health at a population level. [Breastfeeding: A Framework for Action Nottinghamshire County and Nottingham City 2015 – 2020](#) supports a multi-agency approach to improving local breastfeeding rates but in Nottinghamshire County, significant inequalities in breastfeeding rates continue, notably in relation to age and social deprivation.
22. We aspire to ensure that children are happy and healthy in all environments that they are part of, including in schools. Giving a child the opportunity to achieve their educational potential can contribute towards this. Children achieving a good level of development at school entry is an area for focus in Nottinghamshire. We know that the percentage of children in Nottinghamshire ready for school is lower than the average in England and although the picture locally is a slowly improving one, data does not reflect variation across the County where the percentage of children who are school ready is lower in areas experiencing greater health inequalities. The table below shows that children who are likely to be living in more disadvantaged households are even less likely to be ready for school than their peers from more affluent households reflected in local and national data.

School Readiness: % of children achieving a good level of development at the end of reception as measured through the Early Years Foundation Stage (2017)			
	All children	Children not in receipt of Free School Meals (FSM)	Children in receipt of Free School Meals (FSM)
England	71	73	56
Nottinghamshire	68	71	48

23. Providing a good start in life can be facilitated through the provision of high quality, integrated early childhood services that prepare children for school and narrow the attainment gap between the most disadvantaged children and their peers. Educational attainment is one of the main markers for wellbeing throughout the life-course, so it is important that no child is left behind at the beginning of their school life. The responsibility for

ensuring that local children are ready for school does not sit with a single agency, but requires a multi-agency approach to enable children and young people to fulfil their

24. Locally, we aim to ensure that there is parity of esteem between physical health and mental health and wellbeing for everyone. We know that over half of all mental ill health starts before the age of fourteen years, and seventy-five per cent has developed by the age of eighteen<sup>4</sup>. The life chances of those individuals are significantly reduced in terms of their physical health, their educational and work prospects, their chances of committing a crime and even the length of their life.
25. We value the importance of recognising and promoting good mental health and wellbeing for children and young people, rather than just focusing on mental illness and diagnosis. There is evidence that building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities<sup>5</sup>.
26. In response to recommendations in '*Future in Mind (2015)*', the Authority has commissioned the provision of academic resilience programmes within 30 schools across the County to support children to develop strategies to enable them to deal more effectively with challenges that they may encounter both at school and at home.

## Roles and responsibilities

27. The **Nottinghamshire Health and Wellbeing Board** was established in 2011 as a result of the Health and Social Care Act. It is a partnership Board made up of representatives from health, local government including county council officers and councillors and elected members from each district and borough in Nottinghamshire, Healthwatch (an organisation representing people and local communities) and the Office of the Police and Crime Commissioner for Nottinghamshire.
28. It has a statutory duty to produce a Joint Strategic Needs Assessment to identify the health and wellbeing needs of the local population; to produce and deliver a Joint Health and Wellbeing Strategy to meet the needs identified in the JSNA and to promote integration and closer working.
29. The Board published a refreshed Joint Health and Wellbeing Strategy 2018-22 following a public consultation which sets out the Boards vision:  
*Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.*
30. In order to make the vision a reality the Board has identified four ambitions:
  - To give everyone a good start in life
  - To have healthy and sustainable places
  - To enable healthier decision making

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<sup>4</sup> Murphy M and Fonagy P (2012). *Mental health problems in children and young people*. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health.

<sup>5</sup> Annual Report of the Chief Medical Officer: *Health in Scotland 2011, Transforming Scotland's Health* (Chapter 3). Scottish Government: December 2012.

- To work together to improve health and care services
31. In identifying areas for delivery the Board is focussing on where it can add value through a partnership approach.
  32. The current terms of reference and membership of the Nottinghamshire Health and Wellbeing Board are attached as [Appendix 1](#).
  33. The **Children and Families Alliance** stems from the former Children's Trust which was detailed in the Children's Act of 2004, requiring each local authority to make arrangements to promote co-operation between partners working with children and young people to improve their wellbeing. Statutory guidance prescribed the format of the Children and Young People's Plan from April 2006, requiring the local authority to set out its strategy for discharging statutory duties to children.
  34. In October 2010 the Department for Education withdrew the statutory guidance in relation to Children's Trust arrangements and the requirement to publish a joint children and young people plan, to free local authorities to make arrangements to better suit each area's needs and fit with the local health and wellbeing boards.
  35. Nottinghamshire's last Children and Young People Plan concluded in April 2018 and members of the Children's Trust took the opportunity to review the remit and priorities of the group to ensure the best use of their collective time to improve outcomes for children and young people.
  36. Rebranded as the Children and Families Alliance (Terms of Reference are attached as [Appendix 2](#)) the strategic partnership agreed to meet six times in 2018/19. The first a planning meeting, the last will be the review of the year and the four in between are deep dives, exploring key issues based around the priorities of:
    - Families are supported to keep their children and young people safe from harm in Nottinghamshire
    - Children and young people are happy and healthy in Nottinghamshire
    - Families are supported to access opportunities to achieve in Nottinghamshire
  37. The deep dives have been / will be;
    - Improving Life Chances for Children, Young People and Families exploring child poverty and social mobility
    - Safety in schools
    - Adverse Childhood Experiences
    - Developing girls' aspirations
  38. At each of the workshops, Children and Families Alliance members are asked to share the presentations and information they receive widely with other networks and forums that are involved in, thereby broadening the knowledge. Attendees also make pledges around what they can contribute to the work already underway to address these issues.
  39. The Children and Families Alliance is a sub-group of the Health and Wellbeing Board with a commitment to report to the County Council's Children and Young People's Committee on an annual basis.



## **Challenges and opportunities**

40. Robust partnership arrangements can play an important role in leading on delivery of priorities to ensure a good start for all. The Health and Wellbeing Board in partnership with the Children and Families Alliance can contribute by:

- Reviewing Joint Strategic Needs Assessment (JSNA) evidence to identify gaps in service provision
- Promoting improved professional awareness and multi-agency working in relation to Child Sexual Exploitation
- Promoting Breast Feeding Friendly places
- Reviewing the role of partnerships in promoting school readiness in Nottinghamshire
- Use the Children's and Families Alliance 'deep dive' approach to identify further joint opportunities to enable a good start for all children
- Ensuring that children and young people's issues are appropriately represented within the Healthy and Sustainable places ambition

Kerrie Adams  
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Public Health  
Nottinghamshire County Council

## **Background Papers and Further Reading**

[Child Poverty JSNA \(2016\)](#)

[Early childhood JSNA \(2017\)](#)

[Nottinghamshire Child Poverty Strategy 2010](#)

[The Nottinghamshire Child & Young People's Mental Health and Wellbeing Plan \(Future in Mind Local Transformation Plan\) Report to Children's Trust Executive March 2017](#)

[The Young People's Health Strategy 2015](#)

[The Nottinghamshire Local Maternity System Transformation Report to the Health and Wellbeing Board January 2018](#)

[Partnership Strategy for Looked After Children & Care Leavers, 2018-21](#)

[Breastfeeding: A Framework for Action Nottinghamshire County and Nottingham City 2015 – 2020](#)

[Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing 2015](#)



**NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD****Membership****COUNTY COUNCILLORS**

John Doddy (Chair)  
 Joyce Bosnjak  
 Glynn Gilfoyle  
 Stuart Wallace  
 Martin Wright

**DISTRICT COUNCILLORS**

Tom Hollis	Ashfield District Council
Susan Shaw	Bassetlaw District Council
Lydia Ball	Broxtowe Borough Council
Henry Wheeler	Gedling Borough Council
Debbie Mason	Rushcliffe Borough Council
Neill Mison	Newark and Sherwood District Council
Andrew Tristram	Mansfield District Council

**COUNTY COUNCIL OFFICERS**

David Pearson	Corporate Director, Adult Social Care, Health and Public Protection
Colin Pettigrew	Corporate Director, Children, Families and Cultural Services
Jonathan Gribbin	Interim Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

Dr Jeremy Griffiths	Rushcliffe Clinical Commissioning Group
Idris Griffiths	Bassetlaw Clinical Commissioning Group
Dr Thilan Bartholomeuz	Newark & Sherwood Clinical Commissioning Group
Dr Nicole Atkinson	Nottingham West Clinical Commissioning Group
Dr James Hopkinson	Nottingham North & East Clinical Commissioning Group
Dr Gavin Lunn	Mansfield and Ashfield Clinical Commissioning Group

**LOCAL HEALTHWATCH**

Michelle Livingston

**NHS ENGLAND**

Oliver Newbould	Nottinghamshire/Derbyshire Area Team, NHS England
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**NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Kevin Dennis

**Duties**

1. To prepare and publish and maintain a joint strategic needs assessment.
2. To prepare, publish and maintain a Pharmaceutical Needs Assessment.
3. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.

4. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
5. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
6. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.
7. The Board [or Committee] will be responsible for its own projects and may establish steering groups to consider projects but, where it considers it appropriate, projects will be considered by a cross-committee project steering group that will report back to the [Board or] most appropriate Committee.



## **Nottinghamshire Children and Families Alliance**

### **TERMS OF REFERENCE 2018-2020**

#### **CONTENTS**

- 1. Our Vision**
- 2. Our Purpose**
- 3. Our Responsibilities**
- 4. Membership**
- 5. Our Structure and accountability**

**These terms of reference were approved by the Children and Families Alliance on June 21<sup>st</sup> 2018.**

## **1. Our Vision**

**We will work together to represent and champion children, young people and families, to understand their experience of living in Nottinghamshire and to identify opportunities to work together to improve their health and wellbeing.**

## **2. Our Purpose**

The Children and Families Alliance is a partnership of organisations that commission and provide services for children, young people and their families within Nottinghamshire. The Children and Families Alliance enables these partner services to meet their statutory duty, under section 10 of the Children Act 2004, to co-operate to improve the well-being of children.

The Children and Families Alliance is a sub group of the Health and Wellbeing Board and is aligned to the Nottinghamshire Health and Wellbeing Strategy. The Health and Wellbeing Board identifies priorities for children and young people to delegate to the Children and Families Alliance.

The Children and Families Alliance has an active working relationship with the Nottinghamshire Safeguarding Children Board (NSCB). The priorities of the NSCB help to inform the work of the Children and Families Alliance.

## **3. Our Responsibilities**

The Children and Families Alliance will be responsible for:

- sharing information about work being undertaken with children, young people and families in Nottinghamshire with Alliance members
- sharing information about national legislation or policy, or relevant national or local research or evaluation activities, that may influence how work in Nottinghamshire should be undertaken with Alliance members
- providing a forum for the discussion of shared priorities for partnership working, or integrated delivery of services. The shared priorities are;
  - Families are supported to keep their children and young people safe from harm in Nottinghamshire
  - Children and Young People are happy and healthy in Nottinghamshire
  - Families are supported to access opportunities to achieve in Nottinghamshire
- identifying opportunities for each member's organisation to contribute to those shared priorities and pledging a commitment to action
- identifying projects for Alliance members to work collaboratively to address shared priorities
- disseminating information back into each member's organisation and forums to ensure as broad a reach as possible.
- The approval of the topics for the children and young people's section of the Joint Strategic Needs Assessment
- To review the annual report of the Nottinghamshire Safeguarding Children Board, identifying action that the Children's Trust should take in response, and ensuring that action is implemented.
- Seeking the views of children, young people, families and communities when planning partnership activities and ensure that partner organisations and their staff are consulted about the development of strategies and plans.

## 4. Membership

- Nottinghamshire County Council (statutory responsibility to make arrangements to promote co-operation to improve children's well-being, Children Act 2004)
- Nottinghamshire Police
- Nottinghamshire Office of the Police and Crime Commissioner
- Nottinghamshire Safeguarding Children's Board
- Nottinghamshire District and Borough Councils
- Nottinghamshire (including Bassetlaw) Clinical Commissioning Groups
- Health providers
- Schools and academies
- Other education providers
- Voluntary and community sector

Representatives should be at a level of seniority that enables them to have an understanding of the full range of activities of the organisation, partnership or sector that they represent.

Representatives provide a perspective from their organisation, partnership or sector rather than ensuring representation from every partner organisation.

One person may represent the voice of a number of relevant partners.

The Children and Families Alliance may invite representatives to become members on a permanent or temporary basis.

## 5. Our Structure and Accountability

The Children and Families Alliance reports formally to the Nottinghamshire Health and Wellbeing Board and provides an annual report to Nottinghamshire County Council's Children and Young People Committee.

### **Children and Families Alliance**

The Children and Families Alliance will champion the interests of children, young people and their families in Nottinghamshire. It will provide a forum for the discussion of shared priorities for partnership working and the integration of the delivery of services.

### **Chairing and meeting arrangements**

The Chair is Nottinghamshire County Council's Corporate Director for Children and Families. The Vice Chair is the Head of Edgewood Primary School.

The Children and Families Alliance has no quorum. If a member of the Alliance cannot attend, a deputy or alternative representative may attend in their absence.

The Children and Families Alliance will meet six times a year.

The meeting agenda and papers will be circulated to Alliance members via e-mail, at least 5 working days before each meeting. Nottinghamshire County Council's Children and Families Service will provide administrative support to the Children's Trust Board.

### **Decision making process**

Decision making will normally be by consensus. However, if the Chair considers that consensus is unachievable, a decision may be made by vote and will be binding if:

- it has been agreed by 60% of those agencies present
- the proposed actions fall within the statutory and regulatory framework governing the operation of partner agencies
- it is within the delegated decision making powers of the board
- any decision relating to increased expenditure for individual partners is only taken with their consent.

### **Task-Finish Groups**

The Children and Families Alliance may choose to set up task-finish groups to implement or monitor specific activities or projects. Each group will have a clearly defined, time-limited list of tasks to achieve, and will provide regular progress reports. The lifetime of each group may vary from a few months to over a year, but all groups will be reviewed at least annually to ensure that they still have a purpose.

These terms of reference are for 2018/19 and will be reviewed in April 2019.